

FILED SEP 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30815**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>La Plata</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>La Plata</u> <u>0610</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>William</u>	c. (Last) <u>Smith</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 - 1951</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Aug 7 - 1870</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>81</u> <u>1</u> <u>3</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Famer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	11. BIRTHPLACE (State or foreign country) <u>Knox Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Ruth Henry</u>	14. NAME OF HUSBAND OR WIFE <u>Oda Smith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William S. Smith</u>	ADDRESS <u>111 No. Atlantic St. H.C. Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		<u>2 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart Dis</u>		<u>unk</u>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 10, 1949, to Sept. 10, 1951, that I last saw the deceased alive on Sept. 10, 1951, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. Robert Knapp, M.D.</u>	23b. ADDRESS <u>La Plata, Mo.</u>	23c. DATE SIGNED <u>9/10/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>	24d. LOCATION (City, town, or county) (State) <u>La Plata Mo.</u>
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DATE REC'D BY LOCAL REG. <u>sep 12 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs O B Griffin</u>	FUNERAL DIRECTOR'S SIGNATURE <u>D S Christie</u>	ADDRESS <u>La Plata Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(08)

RECEIVED 9.20.51  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 951.143  
Date Filed 9.20.51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. ✓

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*D. B. Christie*

Licensed Embalmer No. 1109

P. O. Address

*LaPlata Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.